

ACTE Region IV Conference: March 29 – 31, 2023

Registration Form

Name _____ Work Title _____

Employer _____

Home Mailing Address _____

Business Phone _____ Cell Phone _____

Email (required for confirmation) _____

Select one of the following:

- | | |
|---|---|
| <input type="checkbox"/> Secondary Administrator | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Post-Secondary Administrator | <input type="checkbox"/> School Board Member |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Industry Representative |
| <input type="checkbox"/> Faculty (program area) _____ | <input type="checkbox"/> Workforce/Economic Development |
| <input type="checkbox"/> Tech Prep | <input type="checkbox"/> Other _____ |

Rates	Early Bird Postmarked/Emailed by 2/15/23	Regular Postmarked/Emailed after 2/15/23	Deadlines February 15 – Early Bird Registration March 10 – Last day to Preregister After March 10 – Onsite only with payment
ACTE Member Membership # (REQUIRED) _____			Cancellation Policy Cancellations received via email to mississippiacte@gmail.com by March 1 will be refunded. After March 1, total registered amount is retained or payable to MS ACTE. Substitutions are welcome. _____ Initial here to verify you have read and understand all terms of the cancellation policy.
Registration	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275	
Retired Member	<input type="checkbox"/> \$185	<input type="checkbox"/> \$200	
One Day Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250	
ACTE Non-Member			
Registration	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	
Guest – Award Luncheon Only (\$50 per guest) How many? _____			
Total Due: \$ _____			Mailing Address: MS ACTE Registration P.O. Box 1124 Purvis, MS 39475
Note: Payment must accompany the registration form. Registrations will not be accepted without payment. Make payments payable to: MS ACTE (Tax ID 64-0637304)			Email Address: mississippiacte@gmail.com
			Phone: 601-436-1628

Select one of the payment options below.

- Check #** _____ (Mail registration form and payment)
- Purchase Order #** _____ (Email registration form **AND** copy of the purchase order)
- Credit Card** (The credit card processing company will automatically add 4% fee to credit card transactions.)
 Credit Card Number _____ Exp. Date: _____
 Name on Card _____ Security Code: _____
 Billing Address _____
 Signature _____

If selected to present, a discount check of \$75 will be paid to the person or school that submitted payment.
 Call for Presenters and Hotel reservation information located on the MS ACTE website. www.mississippiacte.com/conferences/